

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012015

STATE FILE NUMBER

FILED MAR 17 1959

Registration District No. 338 Primary Registration District No. 4501 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bloomfield</u>		c. CITY OR TOWN <u>Bloomfield</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>None home 2 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>None</u>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>STELLA MAY QUALLS</u>			4. DATE OF DEATH Month Day Year <u>2-15-1959</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>2-9-1892</u>		9. AGE (in years last birthday) <u>67</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Wine, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>Edwin Benson</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>B.R. Qualls</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Mrs M. E. Nichols Bloomfield, Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Esophageal thrombosis</u> DUE TO (b) <u>Esophageal Varices, sec to Congestion</u> DUE TO (c) <u>Varices, sec to Valvular Heart Disease (Rheumatic)</u> present for 10 years.		INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u>
PART II. OTHER SIGNIFICANT CONDITION CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from <u>July 57</u> to <u>Feb 14, 59</u> and last saw her alive on <u>Feb 14, 1959</u> Death occurred at <u>Feb 5, 1959</u> on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Do not sign title) <u>Stephen Baker m.d.</u>	22b. ADDRESS <u>Bloomfield, Mo</u>
22c. DATE SIGNED <u>2-17-59</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-18-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Stonfield</u>	23d. LOCATION (City, town or county) (State) <u>Clarkton, Mo.</u>
24. FUNERAL DIRECTOR <u>Lloyd Russell Figgatt M.D.</u>		25. DATE RECD. BY LOCAL REG. <u>3-12-59</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. George L. Baker</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, ~~or by~~, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Lloyd M. Russell*

Licensed Embalmer No. *589-Alt*
P. O. Address *Piggott, Ark*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.